## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE		FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/691,791	<u>.</u>		Keith Sheji Kiyohara		81045.1034	5768
nonprovisional	SMALL ENTITY NO	1SSUE F \$1400	)	\$0	TOTAL FEE(S) DUE \$1400	04/12/2006
EXAMINER SALAD, ABDULLAHI ELMI		ART UNIT 2157		709-206000		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 7.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
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a. Applicant claims S	(from status indicated above	e) 37 CFR 1.27.	☐ b. Applicant is	no longer claiming S	MALL ENTITY status. See 37 C	CFR 1.27(g)(2).
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